

PTO/SB/21 (09-04)

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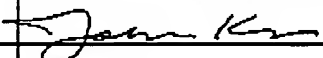
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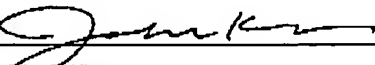
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|--|----------------------|------------------------|--|
| <b>TRANSMITTAL<br/>FORM</b><br><br><small>(to be used for all correspondence after initial filing)</small> | Application Number   | 10/821,282             | <b>RECEIVED<br/>CENTRAL FAX CENTER<br/>JAN 24 2006</b> |
|  | Filing Date          | April 8, 2004          |  |
|  | First Named Inventor | BENSON                 |  |
|  | Art Unit             | 3682                   |  |
|  | Examiner Name        | CHARLES, M.            |  |
| Total Number of Pages in This Submission   | 2                    | Attorney Docket Number | 31,625-01Re  |

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks _____  |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Fulbright & Jaworski LLP  |          |        |
| Signature    |  |          |        |
| Printed name | John F. Klos  |          |        |
| Date         | Jan. 24, 2006   | Reg. No. | 37,162 |

## CERTIFICATE OF TRANSMISSION/MAILING

|   |   |      |              |
|---|---|------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |   |      |              |
| Signature   |  |      |              |
| Typed or printed name   | John F. Klos  | Date | Jan 24, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JAN 24 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|            |                                       |   |                             |
|------------|---------------------------------------|---|-----------------------------|
| Applicant: | BENSON, Steven R.                     | ) | PATENT                      |
| Serial No. | 10/821,282                            | ) | Group Art Unit: 3682        |
| Filed:     | April 8, 2004                         | ) | Examiner: CHARLES, Marcus   |
| Title:     | TORQUE RESPONSIVE<br>ACTUATION DEVICE | ) | Atty Docket No. 31,625-01RE |

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REQUEST FOR RECONSIDERATION

Applicant submits this Request in response to the Office Action of November 29, 2005. During a telephone conference on January 24, 2006, the Examiner and the undersigned reviewed the appropriate MPEP section (1453) regarding amendments to the claims in a reissue application. The Examiner concluded that the claims as submitted in the July 21, 2005, amendment were in proper form. Applicant respectfully requests reconsideration of the claims and a prompt Notice of Allowance thereon.

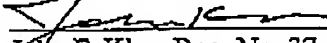
Please charge the deposit account (50-1212 Ref. No. 10404717) of the undersigned for all required fees, fees under § 1.17, or all required extension of time fees.

Please direct any questions or comments regarding this application to John F. Klos at (612) 321-2806.

Respectfully submitted,

STEVEN R. BENSON,  
by his attorneys,

Dated this Jan. 24, 2006

  
John F. Klos, Reg. No. 37,162  
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